

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/030157

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
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49							99								
50							100								
TOTAL							TOTAL								
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DEP.							DEP.								
TOTAL							CLAIMS								

BEST AVAILABLE COPY